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PTO/SB/50 (02-01)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
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Washington, DC 20231

Attorney Docket No. 20253-71466

First Named Inventor Michael Shane Cavanaugh

Original Patent Number 6,065,596

Original Patent Issue Date (Month/Day/Year) May 23, 2000

Express Mail Label No. EV271630787US

APPLICATION FOR REISSUE OF:
(Check applicable)

Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (amended, if appropriate)
4. Drawing(s) (proposed amendments, if appropriate)
5. Reissue Oath/Declaration (original or copy) (unsigned) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 - Written Consent of all Assignees (PTO/SB/53)
 - 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i CD-ROM (2 copies) or CD-R (2 copies); or
 - ii paper
 - c. Statements verifying identity of above copies

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 - Ribboned Original Patent Grant
 - Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration (if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
17. Other: (a) Offer to Surrender Original
 Patent Grant
 (b) Express Mail Certificate

18. CORRESPONDENCE ADDRESS

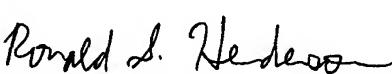
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NAME (Print/Type)	Ronald S. Henderson	Registration No. (Attorney/Agent)	43669
Signature	Ronald S. Henderson	Date	July 3, 2003

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number 20253-71466		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 12	**** 0 = * 0 =	x \$ 9 = x \$ 42 =	\$0 \$0	or	x \$ 18 = x \$ 84 =	\$0 \$0
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 3						
				Basic Fee (37 CFR		\$375		
				Total Filing Fee		\$375	\$0	
Claims as Amended - Part 2								
(1) Claims Remaining After Amendment			(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 12	MINUS	** 20	* 0 =	x \$ 9 = \$0	x \$ 18 = x \$ 84 =	\$0 \$0	
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS	***** 3	= 0	x \$ 42 = \$0			
					Total Additional Fee	\$0	OR	\$0
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is _____.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>10-0435</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>375</u> _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
_____ July 3, 2003 _____ Date				 Signature of Applicant, Attorney or Agent of Record				
				Ronald S. Henderson Typed or printed name Registration No. 43669				

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Michael Shane Cavanaugh

Docket No.

20253-71466

Serial No.
UnknownFiling Date
HerewithExaminer
UnknownGroup Art Unit
UnknownInvention: **CONTAINER FOR SHARP INSTRUMENTS**

I hereby certify that the following correspondence:

Reissue Application (including transmittal sheets and \$375.00 check); Status of Claims and Support for Claim Changes Under 37 CFR 1.173(C); Declaration by Inventor (unsigned); Offer to Surrender Original Patent Grant (unsigned); Preliminary Amendment; Information Disclosure Statement

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 3, 2003*(Date)*Karen Taylor*(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)*EV271630787US*("Express Mail" Mailing Label Number)*

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